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DISABILITY, GENDER,

AND THE
TRAJECTORIES
OF POWER



Women with Disabilities: How Do They Fare in Our Society?

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This chapter looks at the status of women with disability in four states of India: Andhra Pradesh, Chhattisgarh, Odisha, and West Bengal. Women with disability represent a confluence of two divides in the society—gender and disability. While each of the divides has been studied independently, if not in isolation, the two have rarely been studied together.¹

The writings first trace the contours of the available demographic data on the population of persons with disability in the four states and its gender dimension. Incidences of different disabilities are analyzed separately and presented in order to identify clusters of high and low incidence. Implication of such clustering is examined. An analytical framework linking impairment and disability is then analyzed through the structure of barriers. It uses the capabilities framework of Amartya Sen to examine the disadvantages faced by a person with a disability in the space of outcomes, that is, how does the person function in the society in the context of her disability. Functional characteristics of a person with disability create difficulties in utilizing commodities to achieve certain outcomes. This can be mitigated to some extent using certain technologies: aids and appliances come under such a category. However, the bigger problem that one faces is of the entitlement failures of the persons with disabilities in general and women with disabilities in particular.

Women with Disability—The Macro Picture

This section looks at the demographic data from Census 2001 and Census 2011 on women with disabilities.² Deficiencies in the census data and debate over definitions notwithstanding, data from population Census

2001 are internally consistent, and allow a robust comparison of certain indicators relating to disabilities. The definitions of the types of disabilities have been further streamlined in the 2011 Census.³ The four states covered in the study do form a contiguous region. This facilitates analysis of certain parameters at the district level, and highlights certain clusters of high and low incidence of disability.

The total population with disabilities of India as per Census 2011 is 2.68 billions, representing 2.11 percent of the total population of the country. In the four states under consideration, this incidence ranges from 2.21 percent in West Bengal to 2.97 percent in Odisha. Obviously, contribution of Odisha and West Bengal to the population with disabilities in the country is higher than their contribution to the overall population, while Andhra Pradesh and Chhattisgarh make a lower contribution.

It is instructive to see the incidence of disability in the male and the female population of the four states. It is observed that unlike many countries, the incidence of disability among men is invariably higher than that among women in all the states and in all population segments.⁴

This is also corroborated by the sex ratio of the population with disability of the four states. The disability sex ratio is the highest in Chhattisgarh (871), while West Bengal has the lowest overall (790). Odisha and Andhra Pradesh fall under the intermediate range with the sex ratio of the disability population being 844 and 851 respectively.

Sex ratios of different disabilities indicate a similar pattern (see Table 2.1). Chhattisgarh, by and large, has higher sex ratios in all disabilities with the

 Table 2.1

 Sex Ratio of Different Disabilities

Type of Disability	Odisha	Chattisgarh	West Bengal	Andhra Pradesh
Total	844	871	790	851
In Seeing	928	983	901	1006
In Hearing	930	926	902	999
In Speech	779	822	814	805
In Movement	699	756	576	643
Mental Retardation	796	889	790	884
Mental Illness	870	913	755	937
Any Other	840	838	765	912
Multiple Disability	913	1007	843	832

Source: 2011 Census.

exception of those with hearing and any other category. Similarly, West Bengal has the lowest sex ratio in all impairments except in speech, the lowest being the case of in-movement impairment. Low sex ratio (less women per 1000 men) amongst those with physical disability in all the states is consistent with the pattern observed in the received literature, as a large number of men suffer from these disabilities in course of their participation in the workforce.

Data on sex ratios in rural and urban areas indicate that urban areas usually show lower sex ratios in all the disabilities and all the states. Why it may be so needs closer investigation. It must be borne in mind, however, that the urban population is considerably smaller compared to the rural population.

One can see that the persons with visual and movement disability account for about 40–45 percent of the total women with disabilities in all the states.

A noteworthy aspect is the high number of women with disabilities with intellectual/mental disability in urban West Bengal. The rural to urban ratio is nearly 2:1, which is the highest in all the states under study and among all types of disabilities (as per the 2001 Census). Whether the lower number of women with disabilities compared to their male counterparts is on account of underreporting, biological reasons, or occupational reasons, it is an issue that needs resolution through a more detailed study.

At the same time, the lower number of women with disabilities in urban areas has a positive program implication. Since training, transportation, marketing, and monitoring infrastructure in the urban areas is stronger, it should be possible to implement the programs for women with disabilities in urban areas on a saturation basis. This will include pension programs as well as vocational training programs and the consequential marketing support needed by the women with disabilities.

Clusters of Low and High Incidence and Their Implications

We now turn to the incidence of different disabilities at the district level so as to identify clear clusters of high and low incidence. The cluster of high incidence in terms of the percentage of the population with disabilities is surprisingly similar across different impairments and spans a belt consisting of the districts of Raipur and Bilaspur in Chhattisgarh, Bolangir, Sambalpur, and Bargarh, along with the scattered location of Ganjam in Odisha and South 24 Parganas in West Bengal. This pattern remains so even if we look for high incidence by gender. As such, there is a clear case for going into the likely causes of this pattern and, more importantly, the likely measures which will improve the lot of the women with disabilities in these districts.

Regarding the clusters of low incidence of disability that we find in the different states, an issue may remain regarding the quality of enumeration in these districts. While recording the high incidence of disability provides a clear evidence of the problem, recording low incidence may not give similarly a clear evidence of absence of disability. Still it may be possible to take up such clusters for *saturation coverage* in terms of welfare schemes, such as pension. This will either ensure a complete coverage which is a desirable program goal or bring out un-enumerated cases, which is a desirable monitoring goal.

The macro data on disability, thus, shows certain consistent trends. It reveals regions that make a higher contribution to the population with disabilities compared to their share of national population. It shows that the sex ratios among those with disabilities are highly masculine, and most so among persons with physical disabilities. Urban sex ratios among those with disabilities too are more masculine than the rural ones.

District-level maps show a clear cluster of few districts in Chhattisgarh and Odisha with high incidence of disability. The pattern of high incidence remains as such whether we map it by gender or by impairment. This is intriguing and needs a closer analysis.

The low incidence clusters are spread across all states. But this may partly be attributed to quality of enumeration as well. An interesting approach for these districts will be to take up a scheme, such as pension, to a saturation level.

We have looked at the macro population data as it is. We next look at the data related to other parameters, for example, literacy and workforce population. Before exploring these, we first explore the question of what converts impairment into a disability, for what we have analyzed so far is essentially impairment. By itself, impairment may not translate into disability. It is the social organization that mediates such translation and dictates whether, and to what extent, persons with impairment get their entitlements.

When Do Impairments become Disability? And How Do the Gender and Disability Disadvantages Combine?

This brief discussion elaborates an analytical framework to examine when impairment becomes disability. In doing so, it uses the entitlement framework of Amartya Sen along with the capabilities approach to human well-being (Sen, 1999). Elaborating as to how barriers convert impairment into a disability, we explore how the gender barrier aggravates disability further. While entitlements relate to the command a person can have over a commodity basket, capabilities relate to the use to which the person can put the commodity basket into actual outcomes through personal characteristics. Impairment is one such characteristic that may affect his/her ability to convert the concerned commodity basket into an outcome. This can worsen further if there are barriers, both social and physical, that impede the outcome. The situation can be mitigated, at least partly, through removal of such barriers and provision of suitable technology and social infrastructure.

Among different barriers, gender acts as one important barrier affecting a person's ability to extend a command over commodities as well as her ability to use the commodity set to get a desired outcome. This is looked at in some detail. Different combinations of these two disadvantages are possible; one of these could be a nonlinear and multiplicative combination. If you are a woman and have a disability, you may face the worst of both the worlds.

Does the assertion that the gender disadvantage aggravate the disability disadvantage further stand scrutiny through available secondary data? Analysis of the secondary data does indeed show this to be the case, even though much of the available data, including disability data, is *genderinsensitive*. This is seen right from the stage of giving disability certificates, access to literacy or education, acquisition of skills, chance to convert the skill into income—whether through wage employment or self-employment, and so on. Even in noneconomic issues, such as marriage, stability of marriage, or violence in domestic as well as public sphere, gender and disability combine adversely. An interesting case is of participation in the Self-Help Group (SHG) Movement. Within the sample of women's SHGs, gender discrimination should be nonexistent, at least in principle. Yet the representation of women with disabilities in SHGs is abysmally low, indicating a lack of sensitization on part of SHGs. It is not out of

place to indicate here that women with intellectual disabilities emerge as the most disadvantaged among women with disabilities themselves. This aspect is elaborated in more detail while analyzing primary data.

Regarding the gender gap in entitlements among the persons with disability, it is noticed that the gap is lower in schemes where coverage of the target group is very high, for example, grant of certificates or schemes that involve direct transfer of resources, such as pensions. Where mobilization or capacity building of persons with disability is involved, the gender gap is large. This raises an important issue regarding implementation of different welfare schemes. It also raises an issue of strategy. Is universal coverage of certain small groups, through direct transfer, an effective way of reaching vulnerable women with disabilities? Widows, among the women with disabilities, are one such prime small group that may benefit from such an approach through grant of pensions.

Entitlements and functioning

In *Inequality Re-Examined*, Sen (1995) identifies the space of outcomes or functioning as the most appropriate space for examining inequalities that a person may face. Inequalities exist at various levels. There is inequality in the *endowments* that a person has, and people differ in various physical characteristics, skill levels, state of health, and so on. But these inequalities can be modified as far as the entitlements of the person are concerned. An unemployed person can be given allowance, wage increase can be imposed, skills can be enhanced, and access to commodities can be facilitated through the public distribution system, and so on. There could be inequality in the space of entitlements themselves, income inequality being the prime example affecting the choice of commodities a person can have.

But commodities by themselves may mean very little. How these are put to their intended use decides the actual outcomes or *functioning* of a person. Is the person able to live a long life? Is the quality of life tolerable? Is he/she able to acquire skills and put these to use for earning a sustainable livelihood? These are questions and issues related to the *being* of the person. Inequalities in the space of *being* is what matters at the end of the day.

Impairment figures at different stages of this sequence spanning endowments to functioning. These could affect entitlements of a person in a straightforward manner, for example, a person with a visual disability may not find much use for a bicycle. But cases of entitlement failure may also occur through the organizational aspects in the society, for example,

a person with hearing impairment may not get a data entry operator's job or same wages for a given job merely on account of disability. Even after he/she gets her entitlements, impairment may affect him/her ability to put these to a specific use; for example, a student with a physical disability may get admission to a school, but may not be able to attend classes on the first or second floor. Or he/she may get a job, but may not be able to commute to his/her place of work in the absence of a tricycle. Barriers can, thus, be physical, social, or attitudinal, and can result in entitlement failure or impairment of the *freedom to function*, that is, capabilities of a person.

While this may be the case for all persons with disability, an additional fault line or feature gets added to the process—the gender dimension. Given that gender does introduce entitlement failures through social and attitudinal barriers and the conversion of these into outcomes, it is not surprising to imagine that the combination of disability and gender may be aggravating the entitlement failure, as well as the well-being, in an accentuated way, and not as a mere combination of the two. In practical terms, it would mean that the gender gap in, say, literacy in the general population, may in fact be sharper among persons with disability. The same argument can be extended to a host of other entitlements and functioning: admissions to schools, access to scholarships, skill acquisition, support for wage or self-employment, ability to get married, or appear in public without a feeling of shame, and so on.

We analyze relevant secondary data available from the four states to examine the above assertion. However, much of the public domain data are gender-insensitive, even the one for the persons with disability. This itself calls for a conscious effort to make gender- and disability-disaggregated data available for policy purposes. Nevertheless, data that are available do show accentuation of entitlement failure and well-being failure when the twin disadvantages combine. This accentuated failure is also seen when we add another disadvantage to the situation: widowhood or mental disability. Widowhood represents a sharp fault line within gender, while mental disability represents an equally sharp fault line within disability.

Disability Certificates

One can start with the very basic data on disability certificates. Interestingly, no gender-disaggregated data is available in three of the states. In Odisha, disability certificates were made available to 61 percent men and only 39 percent women (Government of Odisha, 2006a). One could, thus, notice that the gender gap in giving disability certificates is sharp,

particularly where the coverage levels need to be universal as an effective antidote to gender gap. Nevertheless, this is a good indicator of the first barrier to access that women with disabilities may face vis-à-vis the system.

Literacy

Next coverage that needs focus is literacy, a more basic indicator than formal education. It is noteworthy that the gender gap in literacy among those with disabilities is greater than that in the overall population. The gap tends to reduce at higher levels of literacy, as seen from the literacy rates in urban areas for the women with disabilities. Till the time of completing this chapter, the literacy data of the population with disability as per the 2011 Census was still not available.

It is instructive to look at the distribution of illiteracy in the region under consideration from the 2001 Census. It is seen that there is a cluster of low literacy rate (<34 percent) among persons with disability in rural areas, covering the Bastar–Koraput–Kalahandi–Visakhapatnam–Vizianagaram belt. The same cluster stands out for low level of rural female literacy among women with disability, but at a far lower cutoff level (<18 percent). At the higher end of the literacy rate, the cluster of coastal Odisha and West Bengal stands out with a cutoff level of 34 percent and above for rural female literacy which remains the same for the rural literacy rate of 49 percent among persons with disability. One could notice that the gender gap narrows down as literacy levels go up, that is, the female literacy of population with disability is the highest in West Bengal (41.9 percent), which also has the lowest gender gap in literacy (18.8 percent) (see Table 2.2).

Table 2.2Female Literacy of Persons with Disability

Persons	Male	Female	Gap	
49.3	58.1	37.3	20.8	
52.7	60.8	41.9	18.8	
48.8	60.1	34.6	25.5	
44.2	53.2	32.4	20.8	
48.1	60	33.3	26.7	
	49.3 52.7 48.8 44.2	49.3 58.1 52.7 60.8 48.8 60.1 44.2 53.2	49.3 58.1 37.3 52.7 60.8 41.9 48.8 60.1 34.6 44.2 53.2 32.4	

Source: Census 2001.

Access to Education

Enrollment into primary or secondary education comes up next in the ladder. A gender-wise breakup of enrollment of students with disability, or children with special needs as they are termed, is not available across the states. This is the first sign of a gender-insensitive database, and it is necessary to step up advocacy efforts to ensure that the Sarva Shiksha Abhiyan data are made available by gender for children with disability.

For the present, we can look at the data from special schools and scholarships for students with disability and compare the gender gap with that in the gross enrollment ratios for the total student population. In Andhra Pradesh, the 2003-2004 data from 111 special schools revealed a 2:1 ratio between the male (6,401) and female students (3,502). The ratio has improved during 2004-2005 to 7,504: 4,119 (Government of Andhra Pradesh, 2006c). The gender gap is quite large, indicating yet again the access problem. As we go up the ladder of facilities and educational levels, the gap widens further. The homes and hostels for students with disability, crowded as these are, accommodate 1,009 male students and only 290 female students (ibid.).6 Similarly, in Odisha, the special schools supported by the state government have 2028 male and 917 female students, while the special schools supported by the central government have 884 male and 448 female students (Government of Odisha, 2006b). While Andhra Pradesh and Odisha have the data segregated by gender, no such breakup could be obtained in Chhattisgarh and West Bengal.

Vocational Training

Vocational Rehabilitation Centers (VRCs) are national centers of vocational training and rehabilitation of persons with disability. The genderwise segregated data available with these centers indicates that less than one-fourth women either join or are rehabilitated.

Disability Pension

For persons having access to disability pension, the gender gap can be expected to be minimal and, in fact, in favor of the female beneficiaries in the older age group. However, data from two districts of West Bengal and one district of Andhra Pradesh show that women with disabilities constitute only 30–40 percent of the recipients of disability pension (Government of West Bengal, 2006). In Odisha, where state-level data was available, the variance is between 60 percent for males and 40 percent for females (Government of Odisha, 2006b). This is one imbalance that can and needs to be immediately corrected.

Access to Health Services and Aids and Appliances

Like pensions, aids and appliances represent direct transfer of assets. Distribution of aids and appliances is another robust indicator of the extent of access and the gender gap thereof. Once again, the data from Artificial Limbs Manufacturing Corporation of India, Bhubaneswar, reveals a 2:1 ratio among the male and the female beneficiaries. Likewise, the data from Visakhapatnam shows a breakup of 1,253 males and 458 women with disabilities having received appliances. In Mayurbhanj district in Odisha, the figure was 4,998 and 1,453 in 2004–2005, and 3,941 and 2,021 respectively during 2005–2006. While the gender gap declined, the access inequality is quite clear. This is against a backdrop of a proactive district-level campaign for such distribution. West Bengal and Chhattisgarh do not have gender-wise breakup of beneficiaries.

Interestingly enough, the National Policy for Persons with Disability (2006) guideline itself stipulates a recommended level of 25 percent coverage for women. While the breakup by value of the assets is not available, it is highly likely that the gender gap goes up as the asset value increases.

The issue of distribution of free or subsidized assets is essentially an issue of access. This point is corroborated by the data on evaluation of persons with disability by the VRC in Bhubaneswar. Of the total number of persons with disability that have been evaluated by the center from 1983 to August 2006, 30,795 have been males and only 10,133 females (Government of India, 2006). A similar picture is seen in the multipurpose identification camps in Visakhapatnam—4,207 men and 2,595 women (Government of Andhra Pradesh, 2006b).

Access to Employment

The picture regarding access to employment can be judged by the following parameters:

- Workforce participation as per Census 2001 data
- Registration in the employment exchange and actual placement thereof
- Membership of SHGs
- Access to loans for self-employment.

Workforce Participation as Per Census 2001 Data: A striking pattern that one notices is the low work participation among the women with disabilities in the urban areas. While in rural areas, the number of women with disabilities workers is half-one-third of the number of male

workers with disability; the ratio comes down to one-fifth—one-sixth in urban areas (occasionally one-fourth). This pattern is seen in all the states without any exception. This is really surprising given the larger scope for work, awareness, and more proximate presence of government and non-government organizations (NGOs) in the urban areas. Another surprising result is the low sex ratio among the workers in West Bengal compared to the other states.

Registration in the Employment Exchange and Jobs Thereof: This represents the opportunities available in the formal sector to women with disabilities. Data from West Bengal reveals that there were 10,034 persons with disability applicants on the live register, of which female applicants were only 2,369 in the month of July 2006. The ratio for the overall population figure in the state is higher with 74 million total applicants, out of which there were 20 million female applicants in the state. Six hundred and twenty women with disabilities were able to get employment against a total of 2,234 persons with disability (about 28 percent) (Government of West Bengal, 2006).

In Odisha, placement for five years has been only nine percent though there has been a steady rise in registration but decline in live registration (Government of Odisha, 2006c). The track record of Andhra Pradesh in terms of providing jobs in government has steadily improved. In the first 100 roster cycles, six women with visual disabilities have been given jobs as compared to 31 hearing-impaired (HI) men and 56 men with physical disabilities. In the second 100 roster cycles, while 131 HI women were given jobs, 106 visually impaired (VI) men and 156 men with physical disabilities benefited. In the third 100 roster cycles, 256 women with physical disabilities were given jobs, and 206 men with visual disability and 231 with hearing impairment were provided jobs (Government of Andhra Pradesh, 1997). No gender-disaggregated data was available from Chhattisgarh.

Self-Employment Programs: Women with disabilities involved in self-employment programs are likely to face less inconvenience in terms of mobility, caregiver's support, and so on. Moreover, their repayment track record is known to be better compared to the male beneficiaries. Yet their representation in the self-employment programs does not appear to cross the 25 percent barrier. This is substantiated by the gender-wise breakup of National Handicapped Finance and Development Corporation (NHFDC) beneficiaries since inception (that is, during 1997–2006).

The Economic Rehabilitation Scheme in Andhra Pradesh indicates coverage of 137 women with disabilities as recipients of subsidy against 342 men (Government of Andhra Pradesh, 2006a).

Participation in the SHG Activities: The picture under the Swama-jayanti Gram Swarozgar Yojana (SGSY) is no better—82 women with disabilities against 204 men (ibid). A similarly dismal pattern was noticed in the SGSY in Odisha at Raygada and Khordha districts. The report on the SHGs in Chhattisgarh shows very low participation of women with disabilities. Out of a total of 7,797 SHGs in Raipur with 89,477 female members, only 225 members are women with disabilities. Same is the case in Bilaspur district. Out of its 6,523 SHGs, with a total number of 78,752 female members, only 83 members are women with disabilities [SHGs (Women), 2006]. There is reportedly no exclusive SHG for women with disabilities in both the districts. The situation is better in Visakhapatnam district in Andhra Pradesh. Out of total 5,994 members in SHGs, while males with disabilities have a higher presence with 3,778 members, there are 2,216 disabled female members (Government of Andhra Pradesh, 2006b).

One can, thus, see a clear gender gap within the disability domain that is often worse than what obtains in the overall population. Such gap is less in simpler entitlements that are easy to administer, for example, certificates or pensions. However, the gap starts increasing as we move on to processes requiring more organizations of inputs. The access inequality of the women with disabilities goes up as one moves up the *value chain* of the entitlements. Such inequality can be mitigated if we try to universalize the coverage. Interestingly, government-led entitlements seem to offer a better deal to women with disabilities than those left in the private domain. This is brought out sharply in the case of participation in the SHGs.

Among the persons with disability, as there is a competition over the limited assistance available, men tend to access the benefits disproportionately at least in the initial stages. Where the coverage is very large or a quota is fixed, women with disabilities do appear to get the benefit. Among the SHGs, since its members are themselves struggling to improve their economic lot, they have little time for the women with disabilities. This is particularly so since there is no mandated inclusion of women with disabilities in a given SHG, nor is there a stipulation about forming SHGs exclusively for women with disabilities.

The double disadvantage faced by the women with disabilities is clearly borne out through the secondary data. We will look at what the primary data reveal about the nature and the processes of deprivation.

Where Does the Shoe Pinch? Analyzing the Primary Data

This section analyzes the primary data from a sample of 320 women with disabilities in eight districts of the four states. Two districts were selected from each of the states and 40 respondents were interviewed in each district. Focused group discussions (FGDs) were also held with different stakeholders. The purpose of the primary survey and the FGDs was to see the situation of women with disabilities in different contexts firsthand and to draw some conclusions about the programs for their well-being and empowerment.

The primary data is analyzed in terms of the demographic parameters, entitlements as they are obtained from the field, as against what the secondary data reveal, the perception of the women with disabilities and other stakeholders about the processes and reasons for entitlement failures and the barriers to well-being. A number of insights emerge on policy as well as program implementation.

The Survey

The study involved a survey in eight districts of the four states of Andhra Pradesh, Chhattisgarh, Odisha, and West Bengal. Two districts were selected from each state, keeping in mind the rural–urban representation. In each state, the district covering the state capital was selected, as this would be the seat of most privileges, more awareness, more government and NGO presence, and so on. Though all districts were supposed to have urban and rural populations, Hyderabad and Kolkata were exceptions as they did not have a rural population. As a result, the selection of rural respondents had to be suitably increased in Visakhapatnam and South 24 Parganas. The rural–urban representation was kept close to 80:20 to provide more representation to rural women.

The sampling has been purposive and not in proportion of the population of the district or the incidence of disability in the given state. It was a conscious decision to take 80 women with disabilities respondents from each state, that is, 40 respondents per district. It was further decided to give comparable representation to each major type of disability as per census classification, for example, physical (locomotor), visual, hearing, including speech and intellectual (mental), even though their incidence differs significantly from each other.⁹

Age Distribution of the Women with Disabilities

The age distribution of the respondents was categorized in five age groups by type of disability. The age group of 14–17 years fell outside the marriage and political range, but was important in the context of education and skill acquisition. It is also an age where livelihood options can be decided. The next three age groups, clubbed together from ages of 18–45 years, account for approximately 72 percent of the respondents. This large group needs study and intervention in the context of skills, employment, higher education, decision making, and political participation, etc. The smallest group of about 8 percent belonging to the oldest age group (46–60 years) would require interventions, such as health, pension, etc. Issues such as violence and social exclusion, however, cut across all age groups.

The age distribution among the sample women with disabilities shows lower longevity, particularly for the intellectually disabled and the HI. Their presence in the 37–45 age group is itself low and certainly so in the 45–60 age group. This pattern is similar across all states. (This has important policy implications in terms of safety net for women with intellectual disabilities beyond the age of 35 years.) Cross-tabulation of the Census 2001 data for age distribution among women with disabilities of different disabilities will be helpful in this context.

Marital Status and Family Support

About one in six women with disabilities in the sample tended to be married. But the state-wise variation is significant, from 1:9 in Odisha to 1:4 in Andhra Pradesh. The marriage prospects for women with disabilities do not differ much by urban or rural location (except in urban Chhattisgarh where all respondents are unmarried, which is a non-representative situation). Age-wise, married women appear clustered around the 26–36 age group with very few getting married in the 18–25 age group.

Interestingly, women with disabilities among the respondents were found to have married persons without disabilities against the general impression that they marry only those with disabilities. While this may be a strengthening factor, it is only partially so, as most illiterate women with disabilities married illiterate men and mostly were wage earners who do not necessarily provide support, especially economic. The poverty levels of the women, therefore, remain high, as 79 percent married women remained below the poverty level in contrast to 67 percent unmarried.

Marital Status by Disability Types: Analysis of the marital status by disability types shows a higher proportion of persons with physical disabilities

among those married, followed by the VI and those with hearing impairment. Women with intellectual disabilities do tend to remain unmarried. However, in terms of percentage of married among the women with disabilities category, VI enjoy a higher rank, followed by physical disability and HI. This has implications on the care of women with intellectual disabilities. It also suggests that the 2001 Census data need to be cross-tabulated by marital status and disability types for better targeting of policy and programs.

Marital Status by Caste, Economic Status, and Level of Education: Analysis of the marital status by caste, economic status, and level of education indicates that the chances of marriage of women with disabilities among the below poverty line (BPL) category (13 percent) are higher compared to the above poverty line (APL) category (4 percent). Similarly, the chances of marriage for women with disabilities among the scheduled castes (SC) (one in four) are higher than those among the general category (one in five). This pattern is more or less same across all the four states. In Odisha, however, where chances of marriage are low in the overall sample, the incidence of marriage among women with disabilities in the BPL category is also low. Both these trends conform to the hold that hypergamy has over the APL and the caste Hindu households.

The hold of hypergamy is further corroborated when we look at the breakup among the unmarried and the married in terms of education level. Among those women educated to the level of intermediate schooling and higher, hardly any women with disabilities are married. This is in line with the pattern of more qualified women finding it more difficult to get a hypergamous match. For the women with disabilities, the gap is rather sharp. The pattern is similar across states. Curiously, in West Bengal, there are no married women with disabilities even in the high school category.

An important aspect of the marital status is the employment status vis-à-vis the unmarried women with disabilities. We find considerable unemployment among the married as well as the unmarried respondents, but the more disturbing aspect is the status of widows, with eight out of 10 respondents being unemployed. Widow women with disabilities are the worse off in terms of economic status. This once again supports the hypothesis that disabilities multiply, and widowhood combining with gender and disability increases vulnerability nonlinearly. Even if the sample is small, this may have important policy implications, and this most vulnerable group may need some pension support.

Role of the Family as Caregivers: Given the preponderance of unmarried among the women with disabilities, it is important to look at the support structure that they have. This is particularly important since a significant number of unmarried women were severely disabled. Their high numbers have policy implications in the context of livelihood and dignified survival, which must be taken into account, as well as social inclusion.

In the absence of a credible, state-supported social security system, families play an important role. The study probed the role of families from the twin perspective, of being facilitators or a hindrance. Besides dependence on parents, respondents' reliance on siblings and others was high. With majority living even in rural areas in nuclear families, what emerge are the limited support structures available to the women. With caregiving being limited to parents and siblings, the family emerges as a unit in the lives of the women, and the role of siblings thus becomes recognized as central to their well-being.

Women-headed Households: An important subset of households that need the attention of the policy makers as well as program managers are the women-headed households. Disability-wise analysis of these women-headed households did not include women with mental conditions as expected. Contrary to common perceptions, a relatively large number of women-headed households include the women with disabilities themselves and mothers. This sizeable number of households, being headed by women, poses critical questions in terms of the safety net of provision and empowerment. It strengthens the view above that mothers and women with disabilities form a dyad, and this assumes significance when assessing the needs of the women as inclusion of mothers is essential.

Women-headed households have defining characteristics of illiteracy or low literacy, highly unemployment, little training and assets (mostly in the form of livestock and not houses or land), and often severe and profound disability. These create a picture where women are found living on the margins without any structures and in need of comprehensive support, both economic and extended.

The Entitlement Failure

While the aforementioned analysis highlights some of the demographic features of the respondents, it is important to examine their entitlements and their view about factors that facilitate access to entitlements and failures that occur, if any.

Disability Certificates: Possession of a disability certificate indicates access to the system and resources. The study, therefore, paid importance to this aspect in the selection process of the women participating in the survey. This was done to overcome the problem of wrong assessment of disability by the investigators in the field, and enabled the selection of the severely disabled who were central to this study. Yet only 67 percent of the respondents were found to be in possession of the disability certificates, intellectual disability being the most deprived (51 percent), while 80 percent of the respondents with physical disabilities had certificates. Curiously, the least number of women in Andhra Pradesh possessed the certificates.

The inability of the team to find all the women who possess disability certificates across all states confirms the issue being highlighted by the disability groups that disability certificates are difficult to obtain. The average of the disability-wise range of possession, for instance, is low for women with mental conditions, but higher for those with mobility conditions. The limited possession of certificates by women with intellectual disability is a matter of concern as their access to resources is constrained from the beginning.

The issues highlighted from the field were the corruption involved in obtaining certificates as well as mention of the right percentage of disability which might be very high for some with disability while less for those who are severely disabled. The women complained of harassment in the obtaining of certificates, far distances to travel to get them, and the few number of days on which they are given out by the concerned authorities.

Educational Levels: The snapshot of educational level among the married and the unmarried women with disabilities given above does reveal a high incidence of illiteracy with above 50 percent women with disabilities respondents being illiterates. Among the unmarried respondents, however, we find more participation at school level and above. This clearly shows that the schooling percentage is higher among the general women with disabilities, followed by the Other Backward Classes (OBC), Backward Classes/Socioeconomically Backward Classes (BC/ SEBC), and then the SCs and Scheduled Tribes (STs).

Does educational level confer any benefit on the women with disabilities? High school education and above does show higher employability, and illiteracy the least. Given the reality that a significant proportion of the women with disabilities will remain unmarried, this data suggests that a strong emphasis has to be placed on the schooling of girls with disability so that they can be self supporting.

There are as expected variations in literacy among disabilities. The largest share of the illiterate at the bottom of the pyramid as expected were those with mental conditions, with the HI placed a little higher. A woman with a mental condition, with no certificate and no education, remains excluded from every facility the state may provide (except pension perhaps). It reflects the inadequacy of education provided to this group.

When stipends are being provided and still more than half the women are illiterate, it reflects on the inadequacy of the education system. The exceptions are those who reach primary level, which is sufficient for many to enter the self-employment schemes. Those educated beyond this level, especially highly qualified, have not been able to fulfill their aspirations of acquiring employment.

The process was not smooth for the literates even when they entered the institutes, with over one-third (35 percent) reportedly facing some difficulty or other. Accessibility remained a major issue for women with mobility problems, but was not limited to physical accessibility alone, thus, highlighting the complexities within the concerns of accessibility. Besides architectural barriers and especially absence of ramps and toilets, there were the problems of traveling long distances to reach the institutes and harassment by bus drivers. Among them was the lack of disability-friendly toilet facility which after a certain age becomes a cause for dropouts. These are not insurmountable problems as suggestions from the field indicated. NGOs, such as Sulabh Shauchalaya and UNICEF, which provide toilets should be required to set up accessible toilets, and specific government orders as per the Persons With Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, if given whenever money is released, would make it easier to carry out the policy.

Besides physical and structural barriers, the most difficult barriers are human, related to the people who come in touch with the disabled—family, caregivers, teachers, vehicle drivers, etc. The first is the attitude of families toward girl child education and especially a girl child with a disability.

In the school itself, lack of trained staff and ill treatment of those with disabilities by both students and teachers creates barriers. All these are not impossible tasks and can be overcome by situating support structures wherever required. The lack of sensitization among teachers and students is a significant cause of dropouts. Teachers' sensitization remains a big challenge that needs to be addressed. In Kolkata, a parent alleged that her daughter admitted to a so-called *normal* school was excluded from the activities by other children and authorities did not play a role to integrate the children. Integration is not difficult; as another parent

admitted, where initially no one used to mix with her daughter, nor visit their house, as they thought that disability was infectious and their children would be affected, but later when provided explanation they came to know about the disability and its cause and they now include them in their activities. Sometimes, superstitions come in the way of all protective laws and conventions.

The multiple challenges women face in accessing education could be overcome if provisions of the Act and other government orders were followed. Two important suggestions that emerged were the enforced monitoring of reservations of seats in schools which are being disregarded and which right from the start excluded disabled from the system. The other smaller step was of scholarship application forms being made available in schools and colleges. This step, those with disabilities felt, would reduce the dropout rate, especially after class 10. This could be further strengthened by provision of free residential schools and, above all, education at the doorstep for girls with severe disabilities who could not travel. It may be worthwhile to look at the possibility of a friend or a mentor of the women with disabilities student program through National Social Service (NSS) or a similar program. This can help create required capacity in the long term in different schools. It may also be possible to experiment with a mobile teacher—a trained special educator who can provide teaching at the doorstep for students with severe disabilities.

Vocational Training: A clear relationship has been found among education, livelihood, and vocational training, especially when illiteracy is high. In this study, clear vacuum was observed in the linking of the three, more so where the marginalized groups are concerned, with only 17.5 percent respondents having availed vocational training. The coverage also varies by disabilities as well as by states, with women with visual disability and Andhra Pradesh topping the list and West Bengal at the bottom. Training is not accessed because it is not designed to be accessible. When most of those with disabilities are isolated from formal structures, it is highly probable that their information levels would be low as the study indicated. No steps have been taken to make the information available to them, whether it is of the facility itself or the availability of scholarship. What with familial barriers to cross and little guidance by teachers, it is not unexpected that level of training would be so low.

The nonformal training structures to which the women apply are not usually equipped to provide services except to any women with physical disability. Even those women with physical disability find the physical barriers at the workplace difficult to handle. Though most women spoke

of desires to enter government training institutes as they are low cost and recognition of certification when applying for jobs is high, they could rarely access them.

The linkage between training and jobs is missing. To begin with, the trainees get the wrong training and are faced with missing backward-forward linkages. While the respondents joined the trained as it is available, only 32 percent of them could find it useful for any economic activity, that is, either wage or self-employment. As such, most training is a waste of time and resources. The women have little skills and what they have may not be marketable.

The women themselves are aware that their poverty stands in the way of acquisition of skill. This adverse situation is compounded by multiple barriers which are physical, attitudinal, and professional, such as identification of unsuitable trades. Many could also take up trades with some physical adaptations, but while a computer is considered as an aid in acquiring employment for the general population and facilities for which are available, the same is not the case of occupational therapy and specialized aids and appliances needed for making the women employable. The problem of social exclusion and mobility gets further compounded by nonavailability of sheltered or residential training linked to production centers.

Aids and Appliances: Nonavailability of aids and appliances to more than three-fourth of the respondents represents one more barrier to accessing education training and jobs. The clear disability-wise variations, with women with visual conditions accessing less, need further investigation. There is also a need to assess the appropriateness of aids being manufactured in a gender-indifferent manner.

Transportation: Most FGDs and narratives took up the issue of transportation from various angles. While lack of it in rural areas was highlighted and was predictable, significantly, the majority said that they are dependent on caregivers to accompany them, and this needs understanding and support from a national perspective and implementation at the state level, especially for rural women's access to bus services. The respondents were highly critical of the treatment meted out to them by the bus staff, rude behavior, refusal to carry them, and extra money demanded for carrying wheelchairs.

Workforce Participation: Livelihood is dependent to some extent on literacy and training, and as mentioned, the missing linkages in the process keep many women with disabilities out of the workforce. There is a considerable regional variation, with Andhra emerging as more sensitive to women's work participation on the whole and with emphasis of self-help activities.

Employment: It is well known that employment is generally much lower for those with disabilities than for others, but there is a further divide when it comes to involvement of women with disabilities in livelihood and other activities by disability. In general, women with mobility condition fare better, while no employer wants to employ women with disabilities in the intellectual disability category as they do not reach an acceptable level of education or skill to be employable. The inaccessibility of employment in the private sector for women with disabilities is an indicator of the low public—private partnerships available and the low awareness of women's capabilities found to be unemployed. The substantially high range of unemployment among the unmarried and marginalized women is again a loss to the state economy.

Awareness again emerges as an important factor. The problem does not stop here because those who do get into the mainstream, except in government jobs, can rarely sustain them. State variation in unemployment rates with a very low rate in Andhra Pradesh was surprising, while limited variation in the other three states put West Bengal's progressive governance in the same league as Odisha and Chhattisgarh. The high rate of unemployment in general remains a cause of concern.

It is not that those with disabilities are unemployable, as seen in the case of a woman with multiple disabilities from West Bengal employed in a multinational corporation (MNC). Field examples showed that women can achieve high levels of employment if barriers both physical and attitudinal are removed. To improve the situation, state-specific initiative and awareness creation is required with a focus on the type of disability.

Self-Employment: The livelihood options available in the formal sector are poor for the women with disabilities. Nominal representation in the service and production/trade sector leaves the women who engage with it only as wage earners (the highest representation being in Andhra in the service sector). They are not able to join the agricultural workforce due to their disabilities. Not being able to participate in agriculture leaves women with very few avenues in the rural areas and this aspect needs special attention. This unskilled workforce has no social security in the form of pensions or insurance. While skill remains a matter of concern, the unavailability of a social net creates issues linked to food insecurity and survival.

With low wage employment, self-employment is the only other option; but even here the work participation is not encouraging. Again, women with mobility problems were found to take up self-employment more readily, while those unfortunately with mental conditions were left outside the sector with no space for inclusion. However, emergence of women as small entrepreneurs provides a niche which should be explored. Among the states, Andhra Pradesh and then Odisha are the ones in which more women with disabilities are seen to be self-employed. The low-earning potential in urban West Bengal exposes the myth that urbanization could create better job opportunities for women with disabilities.

Micro Credit: Micro credit, often depicted as the panacea for women's economic independence in India, has opened its door only partially to women with disabilities. Though SGSY, in particular, provides 3 percent reservation for disability, the participation of women as seen from secondary and primary sources was disappointing. The states of Andhra and Odisha are well known for the micro credit revolution, but even in these states, especially in Odisha, the revolution has sidestepped the women with disabilities. The discrepancy between awareness and access is very high. It is also surprising that the women do not join exclusive SHGs. Even the limited number of women who could get in and adapt to the system well faced noncooperation. The low awareness level of the respondents implies that the SHG Movement has not pervaded each section of the society and barriers for the groups remain. But these can be lifted with some effort at inclusion through awareness creation among local political bodies and bankers.

Access to Schemes: Schemes available to women with disabilities come from the poverty alleviation programs, in general, and some from special schemes meant for those with disabilities. Among the schemes linked to micro credit are loans which are exclusive and meant for those with disabilities as well as general loans, especially as part of micro credit.¹¹

As is becoming obvious throughout the study, the awareness level on entitlements is extremely low. It is not, therefore, unexpected that women with disability are not provided loans and all women with disabilities except for some in physical disability are excluded. State-wise, Andhra again emerges as the highest loan disburser, and not surprisingly, Odisha with its impressive track record in the SHG Movement does not show up as doing enough.

Many women do not access schemes as they are not aware of their entitlements. What is surprising is their low awareness on generally

well-known schemes, such as Sampoorna Grameen Rozgar Yojana, Prime Minister Rozgar Yojana, Indira Awas Yojana, etc. in general, and specific schemes meant for those with disabilities such as NHFDC in particular. Their low awareness on related institutes such as VRCs, polytechnics, and special schools adds to the inaccessibility of women to their entitlements. Even for those aware of them, the complexity of the selection process, bankers' low faith in their abilities, corruption at all levels, mobility problem, and lack of family support emerge as major barriers.

The only awareness on pensions is also predictable as the disbursement process is easier. As most of the money goes for this scheme, it would be thought that women would access these, but contrary to the common perception: this is incorrect.

There is, thus, a clear need to step up the micro credit avenue for women with disabilities and their greater inclusion in SHGs, either inclusive or exclusive. This is particularly crucial for women with more severe disability.

Assets and Family Support: The link between poverty and disability is evident from the large population of women who fall BPL. A more accurate picture emerges when we see these women in the context of the assets they or their families possess. If expenses on disability in the form of hospitals and health-related transportation cost, caregiver's expenditure, aids and appliances, and their maintenance are taken into account, many women who are APL would also fall below the line. Another complexity is the large number of unmarried women who are part of this poor group who are also illiterate and unemployed, with few having received training. The majority of the women in the study fall in the category of the most deprived of population with access to training in the country.

Among those who fall BPL expectedly are those with mental conditions. Most of these women are asset-less; the very few who have assets in the form of house and land would still not convert their disability into ability. State variation shows some women in Odisha and Andhra Pradesh possess self-assets while most in West Bengal do not. Disabilitywise, the asset holders at the lowest level are women with mental conditions. Though among those with disabilities the largest number who possess assets are those with visual conditions, the difference is marginal.

The variation between BPL and APL possessors of land is low, so most women are on the margins. More families in contrast own assets, but within these, women have little rights. This large number are the poorest of the poor and the state-specific variation is only in Andhra Pradesh where assets are owned by both APL and BPL women, whereas in other states, only APL women own assets.

Social Exclusion: The dilemma, of the women acknowledging in public any violence perpetuated against them, was revealed when there was a clear discrepancy in the survey and narratives. Whilst lesser women acknowledged it in the surveys which were conducted publicly, in the narratives, most women spoke of multiple locations of violence. Feminist research has been suggesting that women are reluctant to report violence due to the social stigma attached. It is, therefore, not surprising that this group is reluctant to acknowledge it publicly.

A variation as per disability shows up as women with mobility and psychosocial conditions, the two most visible disabilities, are excluded from social—cultural locations. In their narratives, they spoke of different levels of exclusion and discrimination. In the FGDs and narratives, the frustration of the women at the social stigma attached to disability which manifested itself in many ways emerged as a major concern. Use of objectionable names, hiding them from public, and a show of pity and sympathy reinforces their already low esteem. Found across all the regions, it must be nationally the same.

While they encounter problems within the community and state institutions, the families also act as barriers. Families usually blame the condition of disability on karma and become important agents in women with disabilities sociocultural nonparticipation, especially in states such as Odisha and Andhra where a small group not only face stigma but are abandoned from birth or childhood, some with old grandparents where they can neither be looked after properly nor access their needs.

Violence is the most extreme form of discrimination, and when it is within the family, it is difficult to assess. ¹² In the case of women with disabilities, there is a difference in the definition of domestic violence because they face it all through their life cycle. The survey reported violence in both the parental home and in marriage. The Domestic Violence Bill needs to take into account the high level of cruelty faced by women whose physical and mental conditions make them more vulnerable than others. Women's reporting of verbal and physical abuse created emotional and physical trauma.

Women with disabilities such as those with mental and hearing conditions do not speak for themselves. When their mothers (as in the survey) become spokespersons, it is possible that the truth is hidden. In the narratives, women openly spoke of domestic, mental, and physical violence at home, in the workplace, and in public spaces. As literacy and employment are low, the violence reported is more at home than in the educational institutions and workplaces; but these institutions cannot be excluded when designing protection strategies which need to be comprehensive.

There is an equally clear relationship between violence perpetuations and underreporting, but a larger picture emerges when settlement issues are taken up. Family reconciliation still remains the best means of settlement and not legal or institutional means. This is not only because women's knowledge on laws and the institutions is low, but also due to lack of family support in taking the issue forward for structural settlement and making the violence public.

State-wise differentiations were indicated with higher violence in most areas, except physical, which was concentrated in Chhattisgarh, followed by West Bengal, Odisha, and Andhra Pradesh.

Decision Making and Political Participation: Low decision-making power, as provided by data in the study, is in keeping with the emerging picture in this study of the low status of the women with disabilities. It is also in keeping with the other findings that women with mental conditions are completely excluded from decision making. Most of those who do decide do so within the family.

With regard to political participation, the inclusion in the voters' list does not convert to voting. Among those women who did not exercise their voting rights were mostly those with mental or physical conditions. This is in keeping with the knowledge that most booths are not accessible to women with physical disabilities, and those with intellectual disabilities are not allowed to vote.

This was confirmed in the FGDs and narratives where women mentioned this as a denial of their rights. The study also breaks the myth that women with disability are more dependent on decision making, including political decisions, on parents or husbands. What was encouraging was that women had made an entry into politics even if they lost. These efforts will provide markers for many other women.

Access to Health Services: The data provides valuable insights into the health of women with disabilities. A high range of women born with disability or disease suggests the absence of health services for person with disabilities. This is reinforced by the data that most women were disabled by these two causes, in birth for those with the hearing and mental conditions, and by disease for those with mobility and visual conditions.

The data suggests that most disabilities could have been prevented. Prevention of disability remains a major gap in the system. Appropriate prevention strategies need to be devised. Low awareness of Human Immunodeficiency Virus (HIV) makes the group more open to the

disease which is dangerous considering its rising prevalence in India. The disabled are more prone as there is no available disability-friendly awareness materials, and interest in the group is lacking.

Access to health was near universal in Chhattisgarh with Odisha coming up with friendly treatment, but specialized needs, such as physiotherapy and occupational therapy as well as specialized institutions, were available only to a few. Women having access to medical treatment in general, for reasons other than disability, was lower signifying that the other *hidden* health problems, such as reproductive care, are not availed. If disability is to be treated, professional services have to be made available at the village level; otherwise, the majority of those with disabilities will be deprived of essential health services. The deprivation continues when there is non-completion of treatment of the majority of women when the reason of treatment *not having any impact* substantiates the conclusion that not enough specialized services are available. State-wise, though Chhattisgarh showed high access to treatment, completion of treatment fell by half.

In disability, especially when people have to live with it all their lives, chronic diseases among at least a fifth of the population suggest high poverty. This was confirmed by the BPL data that the chronically ill are also more deprived which is perhaps a reason for being BPL. The highest cases being from Andhra Pradesh indicates that state-specific measures to be taken.

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This chapter presents an analytical framework linking impairment and disability through the structure of barriers.

It is submitted next that the disadvantages of gender and disability aggravate the existing gender gap among persons with disability in various aspects of entitlements and functioning. This not so obvious assertion is then examined with reference to the secondary data available from the four states. In doing so, the first problem one faces concerns the nature of the data. Much of the public domain data is gender-insensitive, and even more disability-insensitive. Nevertheless, the available data does show an accentuated gender divide in the disabled population whether we look at literacy, schooling, and access to work or employment. Gender gap in literacy among persons with disability is stronger than in the overall population, and so is the gap in schooling, access to skills, and avenues of self-employment through loans. This aggravation cuts across state boundaries.

Within gender, widowhood represents another disadvantage. Similarly within disability, mental disability represents additional disadvantage. Analysis of primary data indicates that widows and women with intellectual disabilities are perhaps the most vulnerable among the women with disabilities. This has important implications on the design of welfare programs for women with disabilities. The Disability Pension Scheme should perhaps aim to cover this group on a 100 percent basis on priority. Analysis of the primary data also reveals areas where it is imperative that the 2001 Census data is cross-tabulated to further corroborate or contradict some of the trends seen for the women with disabilities. Markedly lower longevity among the intellectual disability group is one case in point in this regard.

The patterns and the process by which disadvantages multiply rather than merely add are analyzed further through the primary level data and the FGDs.

It is important to analyze the pattern of allocation of government funds in the field of disability. Budget analysis is a nascent area of analysis. But it has been undertaken in this study to make a beginning. As the allocation figures for disability are not available by gender, the analysis is done for the sector as a whole. Even if the analysis is preliminary, it provides important insights in terms of the gap between the budget estimates and the actual expenditure as well as the per capita allocation figures. If consistently done over a longer cross-sectional and temporal database, budget analysis can emerge as an important advocacy as well as a monitoring tool.

The insights obtained through the aforementioned analysis themselves indicate some of the solutions. While program interventions in the field of disability have made considerable headway in the past few years, they do lack the structure to monitor the lot of women with disabilities in a systematic manner. Besides the gender-neutral aspects of program implementation, there is a serious need to address the problem of sexual vulnerability of women with disabilities in the younger age group. This is one aspect of the problem that the women with disabilities face and which needs urgent resolution.

Analysis of the primary data provides useful insights about the sociodemographic parameters of women with disabilities. The age profile of the respondents brings in the issue of longevity, particularly among those with intellectual disabilities. This has important implications on the policy for a social safety net, particularly since the intellectually disabled also happens to be the most deprived group among the women with disabilities in terms of various entitlements.

Analysis of the marital status brings out various nuances. First is the harsh reality of the low likelihood of marriage. This is particularly strong among those with intellectual disability. Second is the hold of the norms of hypergamy. Third is the emergence of widows as the more vulnerable among the married women with disabilities.

Literacy and educational level do present the rather disturbing picture of entitlement failure. Yet schooling does provide employment hope to the girl child with disability and it must be an important component of any strategy to improve their lot.

The story of entitlement continues as we move up the *value chain*: the disability certificates, access to skills, the wage/self-employment opportunities thereof, aids and appliances, health checkup, the security aspects, and the decision making. Lack of awareness owing to lack of information appears to be the first and the major bottleneck. Beyond this too, it is an uphill task for the women with disabilities to get their entitlements.

The community environment is not conducive to better self-esteem and productive engagement with the workplace. The family too leaves a lot to be desired. Starting with the stigma and the hidden and not-so-hidden prejudices, the women with disabilities have to face the specter of violence and abuse. This is the most unacceptable part of the entitlement failure and will need an urgent resolution. The recent protective legislation against domestic violence toward women could provide a right beginning in this regard.

Notes

- 1. This chapter is based on a study on multistate socioeconomic study of women with disabilities in India.
 - 2. Census 2001: The First Report on Disability in India (referred to in this chapter as Census 2001).
- 3. There are eight categories of disability in the 2011 Census: in seeing, in hearing, in speech, in movement, mental retardation, mental illness, any other, and multiple disability.
- 4. In Hong Kong, for instance, it was observed that men always outnumbered women until recently, especially in the 20–39 age group. Hong Kong Equal Opportunities Commission. We as one.
- 5. As per the Census 2001.
- 6. Government of Andhra Pradesh Disabled Welfare Department. District Review Committee Meeting held on May 6, 2006.
- 7. District Magistrate. 2006. Personal Communication. Mayurbhanj.
 - 8. Government of Chhattisgarh. 2006. Unpublished SHGs, (Women) and State.

- 9. It may be noted that the incidences of disability of different types as reported by Census 2001 and National Sample Survey Organization (NSSO), differ significantly. Census data on visual disability is subject to certain controversy owing perhaps to the way visual disability is defined. But this aspect is beyond the scope of this study and not crucial either. However, the 2011 Census gives a revised definition: in seeing, one-eyed persons were treated as disabled in the 2001 Census, but not so in the 2011 Census. A simple test was done to ascertain blurred vision.
- 10. I am a young woman with Cerebral Palsy using a wheelchair for mobility. I have complex communication needs and I communicate by pointing to an alphabet board or through a personal computer, with a head pointer. I also use a Tracker Ball, which is a special mouse, since I cannot operate the normal mouse. My head pointer is my lifeline as it enables me to communicate as well as fulfill my passion for painting. I have a full time friend, my Didi, who has been with me ever since I was eight months old. I completed my B.Com from Indira Gandhi National Open University. I have been employed as an executive in reputed corporate house, working as a computer programmer and am perhaps the only adult with severe multiple disabilities in Kolkata who has worked in such offices! (interview conducted in West Bengal)
- 11. During the period subsequent to the study done in 2007 (on which this chapter is based), there have been an increase in the number of schemes for persons with disability both at the central level as well as in many of the states. However, none of the schemes are particularly for women with disability, barring a few exceptions like the hostels for women with disability in Odisha.
- 12. Examples of violence narrated:
 - A girl suffering from cerebral palsy has been found to be frequently raped by the villagers and blamed for the rape.
- A woman with a mobility condition married to a person with disability is battered. Assetless and completely dependent on her family, she is abused by her brothers.
 - Another woman with mental condition is battered by her sisters-in-law.
- A woman with a mobility condition was tortured and electric shocks were used on her; ultimately, she was driven away from her workplace. After returning to her parents' house, she is now abused by her sisters-in-law, even though she does work at home and her pension is taken by her family.
 - A woman with a mobility condition and unmarried is psychologically abused by the village women who call her names and do not like them taking help from their husbands.
- A neighbor tried to molest a woman with a hearing condition.
 - Married to a person without disability, a woman with mobility impairment faced violence by her husband which started after the initial year of

marriage. Finally, she was deserted. She later sought a divorce and now depends on old parents.

- Hysterectomy is very common on women with mental conditions.
- There are cases of false promises to marry and desertions.

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